FILED Mar 24, 2003 8:00 am Secretary of State 02-12-2003 90004 035 ****50.00

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2003 LIMI	ITED LIABII	LITY COM	PANY
UNIFORM	BUSINESS	REPORT	(UBR)

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Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Chy & State	or
City & State Country Country S. Certificate of Status Desired Sp.00 Addition Fee Required S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent CIENNY, DAVID A 1333 S.E. 25TH LOOP, SUITE 101 OAKHURST PROFESSIONAL PARK OCALA FL 34471 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and in the obligations of registered agent. Signature Signature Signature Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. MANAGING MEMBERS/MANAGERS 11. ADDITIONS/CHANGES SIRET ADDRESS CITY-ST-ZP ADDITIONS/CHANGES CITY-ST-ZP COLE, SUSAN J SIRET ADDRESS COTY-ST-ZP CORAL GABLES FL 33134 CITY-ST-ZP CORAL GABLES FL 33134 CITY-ST-ZP CIT	$\overline{}$
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Street Address (P.O. Box Number is Not Acceptable) 6. Name and Address of Current Registered Agent GLENNY, DAVID A 1333 S.E. 25TH LOOP, SUITE 101 OAKHURST PROFESSIONAL PARK OCALA FL 34471 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent. SIGNATURE SIGNATURE STREET ADDRESS OCTY-ST-ZIP OCALA FL 34471 City FL Zip Code (INCIE: Registered Agent equal of greature required when reinstating) DATE PLE NOW!!! FEE: \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS ITIE NAME STREET ADDRESS OCTY-ST-ZIP OCALA FL 34471 Delete NAME COLE, SUSAN J STREET ADDRESS OCTY-ST-ZIP OCALA FL 34471 Delete NAME STREET ADDRESS OCTY-ST-ZIP OCALA FL 34471 OCALA FL 344	cable
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or true examples ampowered to execute this report as required by Chapter 508. Florida Statutes.	